

KINSHIP CARE NOTICE OF ASSIGNMENT CHILD SUPPORT AND MEDICAL ASSISTANCE

Kinship Care Benefits: I understand that signing the application for Kinship Care (KC) gives the State of Wisconsin the right to collect and keep payments of any court ordered child support, including unpaid amounts, that are due for the child for whom I receive a KC payment. Unpaid amounts include amounts owed now and any amount that may be owed while KC benefits are received. I also understand that the collections will be used to reimburse the State for any KC benefits that will be paid on behalf of the child for whom I am receiving a KC benefit. Child support payments retained by the State cannot exceed the total amount of KC payments paid on behalf of the child.

Medical Assistance: If the child is receiving Medical Assistance (MA) or if I apply for MA for this child, I understand that signing an application for MA gives the State of Wisconsin the right to collect and keep payment of any medical expenses incurred on behalf of the child covered by MA and made under a court order or by any insurer.

I also understand that this right is restricted as follows:

1. The State of Wisconsin cannot retain any child support payments which are over the total amount of Kinship Care payments provided for the child. Medical support payments kept by the State cannot exceed the total amount of MA benefits provided to the child in Kinship Care.
2. The child in Kinship Care is due the current medical support collections for any costs not covered by MA. However, if the child's MA certification is discontinued, the State of Wisconsin has the right to collect medical support payments on past medical expenses covered by MA.

List the child(ren) for whom Kinship Care benefits are requested. Use the format last name, first name, middle initial. If additional space is needed, continue on back of form or attach a separate sheet.

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

SIGNATURE - Relative Caregiver / Applicant

Date Signed

Complete Below if Kinship Care Applicant Refuses to Acknowledge Receipt of This Notice

I have fully explained the provisions stated above concerning assignment by operation of law and distribution of child support and medical collections to the caretaker relative / applicant.

To the best of my knowledge, he or she understands them.

SIGNATURE - Agency Representative

Date Signed